	BOARD OF HEALTH TAL STATISTICS State File No. 26
	FIGATE OF BIRTH Registered No.
	State arigona
District or Township or Village U	
City. Mianic No. 729 Live Gan St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child didia de Luna { If child is not yet named, make supplemental report, as directed.	
3. Sex of Child To be answered ONLY in event of plural births. Temale births. The property of the sex of the control of the	of birth august 0 1929
8. FATHER Full name Rafael de Luna	14. MOTHER Full maiden name france firmenes
9. Residence (Usual place of abode) Miani, Aizone	15. Residence (Usual place of abode) Miann, Aringone
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or race
Mujican 11. Age at last birthday 2 2 (Years)	Mex: can 17. Age at last birthday. / (Years)
12. Birthplace (city or place)	13. Birthplace (city or place)
(State or country) Muxico	(State or country) Week, Co
(State or country) Mexico 13. Occupation Miner	19. Occupation
Nature of Industry . Copper	Nature of industry
20. Number of children of this mother (a) Born alive and now living 21. Were precautions taken against oph-	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead (c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of this child, who was (Born alive of stillborn.)	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breather nor	
shows other evidence of life after birth.	(Physician or midwife).
Given name added from	marin pagonas
Address State In India and	
Registrar	Registrar
7711-(52 1/19	· · · · · · · · · · · · · · · · · · ·

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